



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE
COVER PAGE

CLARENCE BARRAUGH
MACOMB COUNTY CLERK
111 CLEVELAND AVENUE
MACOMB, MICHIGAN 48051

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08-24-04 to 10-17-04
Mo Day Year Mo Day Year

1. Committee I.D. Number <u>137338</u>	4. Candidate Last Name <u>GIBSON</u> First: <u>BOB</u> M.I. <u>-</u>
2. Committee Name <u>FRIENDS OF BOB GIBSON</u>	4a. Office Sought Including District # or Community (If applicable) <u>COUNTY COMMISSIONER - MACOMB CO. DIST 18</u>
5. Committee's Mailing Address <u>24651 MEADOW LN</u> <u>HARRISON TWP MI 48045</u> Area Code and Phone <u>586-746-0983</u>	4b. County of Residence <u>MACOMB</u>
6. Treasurer's Name & Residential Address <u>JOHN FREEMAN</u> <u>28342 DARTMOUTH</u> <u>WARREN HEIGHTS, MI</u> Area Code & Phone <u>248-547-9378</u> <u>48071</u>	
7. Treasurer's Business Address <u>220 BAGLEY STE #430</u> <u>DETROIT MI 48226</u> Area Code and Phone <u>(313) 963-3847</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>[Signature]</u> Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11 2 04
Month Day Year

9c. ☐ Annual Statement () (Year)

9d. ☐ Amendment to Campaign or 9e to indicate which () (Complete Item 9a, 9b, 9c, 9d, 9e, 9f, 9g, 9h, 9i, 9j, 9k, 9l, 9m, 9n, 9o, 9p, 9q, 9r, 9s, 9t, 9u, 9v, 9w, 9x, 9y, 9z, 9aa, 9ab, 9ac, 9ad, 9ae, 9af, 9ag, 9ah, 9ai, 9aj, 9ak, 9al, 9am, 9an, 9ao, 9ap, 9aq, 9ar, 9as, 9at, 9au, 9av, 9aw, 9ax, 9ay, 9az, 9ba, 9bb, 9bc, 9bd, 9be, 9bf, 9bg, 9bh, 9bi, 9bj, 9bk, 9bl, 9bm, 9bn, 9bo, 9bp, 9bq, 9br, 9bs, 9bt, 9bu, 9bv, 9bw, 9bx, 9by, 9bz, 9ca, 9cb, 9cc, 9cd, 9ce, 9cf, 9cg, 9ch, 9ci, 9cj, 9ck, 9cl, 9cm, 9cn, 9co, 9cp, 9cq, 9cr, 9cs, 9ct, 9cu, 9cv, 9cw, 9cx, 9cy, 9cz, 9da, 9db, 9dc, 9dd, 9de, 9df, 9dg, 9dh, 9di, 9dj, 9dk, 9dl, 9dm, 9dn, 9do, 9dp, 9dq, 9dr, 9ds, 9dt, 9du, 9dv, 9dw, 9dx, 9dy, 9dz, 9ea, 9eb, 9ec, 9ed, 9ee, 9ef, 9eg, 9eh, 9ei, 9ej, 9ek, 9el, 9em, 9en, 9eo, 9ep, 9eq, 9er, 9es, 9et, 9eu, 9ev, 9ew, 9ex, 9ey, 9ez, 9fa, 9fb, 9fc, 9fd, 9fe, 9ff, 9fg, 9fh, 9fi, 9fj, 9fk, 9fl, 9fm, 9fn, 9fo, 9fp, 9fq, 9fr, 9fs, 9ft, 9fu, 9fv, 9fw, 9fx, 9fy, 9fz, 9ga, 9gb, 9gc, 9gd, 9ge, 9gf, 9gg, 9gh, 9gi, 9gj, 9gk, 9gl, 9gm, 9gn, 9go, 9gp, 9gq, 9gr, 9gs, 9gt, 9gu, 9gv, 9gw, 9gx, 9gy, 9gz, 9ha, 9hb, 9hc, 9hd, 9he, 9hf, 9hg, 9hi, 9hj, 9hk, 9hl, 9hm, 9hn, 9ho, 9hp, 9hq, 9hr, 9hs, 9ht, 9hu, 9hv, 9hw, 9hx, 9hy, 9hz, 9ia, 9ib, 9ic, 9id, 9ie, 9if, 9ig, 9ih, 9ii, 9ij, 9ik, 9il, 9im, 9in, 9io, 9ip, 9iq, 9ir, 9is, 9it, 9iu, 9iv, 9iw, 9ix, 9iy, 9iz, 9ja, 9jb, 9jc, 9jd, 9je, 9jf, 9jg, 9jh, 9ji, 9jj, 9jk, 9jl, 9jm, 9jn, 9jo, 9jp, 9jq, 9jr, 9js, 9jt, 9ju, 9jv, 9jw, 9jx, 9jy, 9jz, 9ka, 9kb, 9kc, 9kd, 9ke, 9kf, 9kg, 9kh, 9ki, 9kj, 9kk, 9kl, 9km, 9kn, 9ko, 9kp, 9kq, 9kr, 9ks, 9kt, 9ku, 9kv, 9kw, 9kx, 9ky, 9kz, 9la, 9lb, 9lc, 9ld, 9le, 9lf, 9lg, 9lh, 9li, 9lj, 9lk, 9ll, 9lm, 9ln, 9lo, 9lp, 9lq, 9lr, 9ls, 9lt, 9lu, 9lv, 9lw, 9lx, 9ly, 9lz, 9ma, 9mb, 9mc, 9md, 9me, 9mf, 9mg, 9mh, 9mi, 9mj, 9mk, 9ml, 9mm, 9mn, 9mo, 9mp, 9mq, 9mr, 9ms, 9mt, 9mu, 9mv, 9mw, 9mx, 9my, 9mz, 9na, 9nb, 9nc, 9nd, 9ne, 9nf, 9ng, 9nh, 9ni, 9nj, 9nk, 9nl, 9nm, 9nn, 9no, 9np, 9nq, 9nr, 9ns, 9nt, 9nu, 9nv, 9nw, 9nx, 9ny, 9nz, 9oa, 9ob, 9oc, 9od, 9oe, 9of, 9og, 9oh, 9oi, 9oj, 9ok, 9ol, 9om, 9on, 9oo, 9op, 9oq, 9or, 9os, 9ot, 9ou, 9ov, 9ow, 9ox, 9oy, 9oz, 9pa, 9pb, 9pc, 9pd, 9pe, 9pf, 9pg, 9ph, 9pi, 9pj, 9pk, 9pl, 9pm, 9pn, 9po, 9pp, 9pq, 9pr, 9ps, 9pt, 9pu, 9pv, 9pw, 9px, 9py, 9pz, 9qa, 9qb, 9qc, 9qd, 9qe, 9qf, 9qg, 9qh, 9qi, 9qj, 9qk, 9ql, 9qm, 9qn, 9qo, 9qp, 9qq, 9qr, 9qs, 9qt, 9qu, 9qv, 9qw, 9qx, 9qy, 9qz, 9ra, 9rb, 9rc, 9rd, 9re, 9rf, 9rg, 9rh, 9ri, 9rj, 9rk, 9rl, 9rm, 9rn, 9ro, 9rp, 9rq, 9rr, 9rs, 9rt, 9ru, 9rv, 9rw, 9rx, 9ry, 9rz, 9sa, 9sb, 9sc, 9sd, 9se, 9sf, 9sg, 9sh, 9si, 9sj, 9sk, 9sl, 9sm, 9sn, 9so, 9sp, 9sq, 9sr, 9ss, 9st, 9su, 9sv, 9sw, 9sx, 9sy, 9sz, 9ta, 9tb, 9tc, 9td, 9te, 9tf, 9tg, 9th, 9ti, 9tj, 9tk, 9tl, 9tm, 9tn, 9to, 9tp, 9tq, 9tr, 9ts, 9tt, 9tu, 9tv, 9tw, 9tx, 9ty, 9tz, 9ua, 9ub, 9uc, 9ud, 9ue, 9uf, 9ug, 9uh, 9ui, 9uj, 9uk, 9ul, 9um, 9un, 9uo, 9up, 9uq, 9ur, 9us, 9ut, 9uu, 9uv, 9uw, 9ux, 9uy, 9uz, 9va, 9vb, 9vc, 9vd, 9ve, 9vf, 9vg, 9vh, 9vi, 9vj, 9vk, 9vl, 9vm, 9vn, 9vo, 9vp, 9vq, 9vr, 9vs, 9vt, 9vu, 9vv, 9vw, 9vx, 9vy, 9vz, 9wa, 9wb, 9wc, 9wd, 9we, 9wf, 9wg, 9wh, 9wi, 9wj, 9wk, 9wl, 9wm, 9wn, 9wo, 9wp, 9wq, 9wr, 9ws, 9wt, 9wu, 9wv, 9ww, 9wx, 9wy, 9wz, 9xa, 9xb, 9xc, 9xd, 9xe, 9xf, 9xg, 9xh, 9xi, 9xj, 9xk, 9xl, 9xm, 9xn, 9xo, 9xp, 9xq, 9xr, 9xs, 9xt, 9xu, 9xv, 9xw, 9xx, 9xy, 9xz, 9ya, 9yb, 9yc, 9yd, 9ye, 9yf, 9yg, 9yh, 9yi, 9yj, 9yk, 9yl, 9ym, 9yn, 9yo, 9yp, 9yq, 9yr, 9ys, 9yt, 9yu, 9yv, 9yw, 9yx, 9yy, 9yz, 9za, 9zb, 9zc, 9zd, 9ze, 9zf, 9zg, 9zh, 9zi, 9zj, 9zk, 9zl, 9zm, 9zn, 9zo, 9zp, 9zq, 9zr, 9zs, 9zt, 9zu, 9zv, 9zw, 9zx, 9zy, 9zz, 9aa, 9ab, 9ac, 9ad, 9ae, 9af, 9ag, 9ah, 9ai, 9aj, 9ak, 9al, 9am, 9an, 9ao, 9ap, 9aq, 9ar, 9as, 9at, 9au, 9av, 9aw, 9ax, 9ay, 9az, 9ba, 9bb, 9bc, 9bd, 9be, 9bf, 9bg, 9bh, 9bi, 9bj, 9bk, 9bl, 9bm, 9bn, 9bo, 9bp, 9bq, 9br, 9bs, 9bt, 9bu, 9bv, 9bw, 9bx, 9by, 9bz, 9ca, 9cb, 9cc, 9cd, 9ce, 9cf, 9cg, 9ch, 9ci, 9cj, 9ck, 9cl, 9cm, 9cn, 9co, 9cp, 9cq, 9cr, 9cs, 9ct, 9cu, 9cv, 9cw, 9cx, 9cy, 9cz, 9da, 9db, 9dc, 9dd, 9de, 9df, 9dg, 9dh, 9di, 9dj, 9dk, 9dl, 9dm, 9dn, 9do, 9dp, 9dq, 9dr, 9ds, 9dt, 9du, 9dv, 9dw, 9dx, 9dy, 9dz, 9ea, 9eb, 9ec, 9ed, 9ee, 9ef, 9eg, 9eh, 9ei, 9ej, 9ek, 9el, 9em, 9en, 9eo, 9ep, 9eq, 9er, 9es, 9et, 9eu, 9ev, 9ew, 9ex, 9ey, 9ez, 9fa, 9fb, 9fc, 9fd, 9fe, 9ff, 9fg, 9fh, 9fi, 9fj, 9fk, 9fl, 9fm, 9fn, 9fo, 9fp, 9fq, 9fr, 9fs, 9ft, 9fu, 9fv, 9fw, 9fx, 9fy, 9fz, 9ga, 9gb, 9gc, 9gd, 9ge, 9gf, 9gg, 9gh, 9gi, 9gj, 9gk, 9gl, 9gm, 9gn, 9go, 9gp, 9gq, 9gr, 9gs, 9gt, 9gu, 9gv, 9gw, 9gx, 9gy, 9gz, 9ha, 9hb, 9hc, 9hd, 9he, 9hf, 9hg, 9hi, 9hj, 9hk, 9hl, 9hm, 9hn, 9ho, 9hp, 9hq, 9hr, 9hs, 9ht, 9hu, 9hv, 9hw, 9hx, 9hy, 9hz, 9ia, 9ib, 9ic, 9id, 9ie, 9if, 9ig, 9ih, 9ii, 9ij, 9ik, 9il, 9im, 9in, 9io, 9ip, 9iq, 9ir, 9is, 9it, 9iu, 9iv, 9iw, 9ix, 9iy, 9iz, 9ja, 9jb, 9jc, 9jd, 9je, 9jf, 9jg, 9jh, 9ji, 9jj, 9jk, 9jl, 9jm, 9jn, 9jo, 9jp, 9jq, 9jr, 9js, 9jt, 9ju, 9jv, 9jw, 9jx, 9jy, 9jz, 9ka, 9kb, 9kc, 9kd, 9ke, 9kf, 9kg, 9kh, 9ki, 9kj, 9kk, 9kl, 9km, 9kn, 9ko, 9kp, 9kq, 9kr, 9ks, 9kt, 9ku, 9kv, 9kw, 9kx, 9ky, 9kz, 9la, 9lb, 9lc, 9ld, 9le, 9lf, 9lg, 9lh, 9li, 9lj, 9lk, 9ll, 9lm, 9ln, 9lo, 9lp, 9lq, 9lr, 9ls, 9lt, 9lu, 9lv, 9lw, 9lx, 9ly, 9lz, 9ma, 9mb, 9mc, 9md, 9me, 9mf, 9mg, 9mh, 9mi, 9mj, 9mk, 9ml, 9mm, 9mn, 9mo, 9mp, 9mq, 9mr, 9ms, 9mt, 9mu, 9mv, 9mw, 9mx, 9my, 9mz, 9na, 9nb, 9nc, 9nd, 9ne, 9nf, 9ng, 9nh, 9ni, 9nj, 9nk, 9nl, 9nm, 9nn, 9no, 9np, 9nq, 9nr, 9ns, 9nt, 9nu, 9nv, 9nw, 9nx, 9ny, 9nz, 9oa, 9ob, 9oc, 9od, 9oe, 9of, 9og, 9oh, 9oi, 9oj, 9ok, 9ol, 9om, 9on, 9oo, 9op, 9oq, 9or, 9os, 9ot, 9ou, 9ov, 9ow, 9ox, 9oy, 9oz, 9pa, 9pb, 9pc, 9pd, 9pe, 9pf, 9pg, 9ph, 9pi, 9pj, 9pk, 9pl, 9pm, 9pn, 9po, 9pp, 9pq, 9pr, 9ps, 9pt, 9pu, 9pv, 9pw, 9px, 9py, 9pz, 9qa, 9qb, 9qc, 9qd, 9qe, 9qf, 9qg, 9qh, 9qi, 9qj, 9qk, 9ql, 9qm, 9qn, 9qo, 9qp, 9qq, 9qr, 9qs, 9qt, 9qu, 9qv, 9qw, 9qx, 9qy, 9qz, 9ra, 9rb, 9rc, 9rd, 9re, 9rf, 9rg, 9rh, 9ri, 9rj, 9rk, 9rl, 9rm, 9rn, 9ro, 9rp, 9rq, 9rr, 9rs, 9rt, 9ru, 9rv, 9rw, 9rx, 9ry, 9rz, 9sa, 9sb, 9sc, 9sd, 9se, 9sf, 9sg, 9sh, 9si, 9sj, 9sk, 9sl, 9sm, 9sn, 9so, 9sp, 9sq, 9sr, 9ss, 9st, 9su, 9sv, 9sw, 9sx, 9sy, 9sz, 9ta, 9tb, 9tc, 9td, 9te, 9tf, 9tg, 9th, 9ti, 9tj, 9tk, 9tl, 9tm, 9tn, 9to, 9tp, 9tq, 9tr, 9ts, 9tt, 9tu, 9tv, 9tw, 9tx, 9ty, 9tz, 9ua, 9ub, 9uc, 9ud, 9ue, 9uf, 9ug, 9uh, 9ui, 9uj, 9uk, 9ul, 9um, 9un, 9uo, 9up, 9uq, 9ur, 9us, 9ut, 9uu, 9uv, 9uw, 9ux, 9uy, 9uz, 9va, 9vb, 9vc, 9vd, 9ve, 9vf, 9vg, 9vh, 9vi, 9vj, 9vk, 9vl, 9vm, 9vn, 9vo, 9vp, 9vq, 9vr, 9vs, 9vt, 9vu, 9vv, 9vw, 9vx, 9vy, 9vz, 9wa, 9wb, 9wc, 9wd, 9we, 9wf, 9wg, 9wh, 9wi, 9wj, 9wk, 9wl, 9wm, 9wn, 9wo, 9wp, 9wq, 9wr, 9ws, 9wt, 9wu, 9wv, 9ww, 9wx, 9wy, 9wz, 9xa, 9xb, 9xc, 9xd, 9xe, 9xf, 9xg, 9xh, 9xi, 9xj, 9xk, 9xl, 9xm, 9xn, 9xo, 9xp, 9xq, 9xr, 9xs, 9xt, 9xu, 9xv, 9xw, 9xx, 9xy, 9xz, 9ya, 9yb, 9yc, 9yd, 9ye, 9yf, 9yg, 9yh, 9yi, 9yj, 9yk, 9yl, 9ym, 9yn, 9yo, 9yp, 9yq, 9yr, 9ys, 9yt, 9yu, 9yv, 9yw, 9yx, 9yy, 9yz, 9za, 9zb, 9zc, 9zd, 9ze, 9zf, 9zg, 9zh, 9zi, 9zj, 9zk, 9zl, 9zm, 9zn, 9zo, 9zp, 9zq, 9zr, 9zs, 9zt, 9zu, 9zv, 9zw, 9zx, 9zy, 9zz)

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the campaign statement, the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is received before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John Freeman Type or Print Name [Signature] Signature
Candidate Bob Gibson Type or Print Name [Signature] Signature

Authority granted under P.A. 388 of 1976

10 21 04
Day Year
10 21 04
Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5790.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5790.00</u>	(18.) \$ <u>15,819.99</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>5790.00</u>	(20.) \$ <u>15,819.99</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2146.58</u>	(21.) \$ <u>2146.58</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>7151.07</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>-</u>	(23.) \$ <u>-</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1664.20</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7432.82</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5790.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>13,222.82</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>7151.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>6071.75</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-23-04</u> Name: <u>AUTERA, ANGELA</u> Address: <u>1886 MELROSE AVE EAST LANSING MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25 ⁰⁰	50 ⁰⁰
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-27-04</u> Name: <u>MI Boilermakers Local 169 (#507688)</u> Address: <u>5936 Chase Road Dearborn MI 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		2000 ⁰⁰	2000 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-3-04</u> Name: <u>BZYMEK, Irene</u> Address: <u>41641 Belknap Clinton Twp. MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25 ⁰⁰	25 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-23-04</u> Name: <u>Davenport, Karen</u> Address: <u>36540 Union Lake Rd. #7 HARRISON Twp MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20 ⁰⁰	20 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		2070 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-20-04</u> Name: <u>Baniot, David</u> Address: <u>52 Bellview St Mt. Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>WAYNE STATE UNIVERSITY</u> Business Address <u>4201 St. Antoine Detroit MI 48201</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250 ⁰⁰	500 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-1-04</u> Name: <u>Delegato, Daniel</u> Address: <u>27966 Thorntree Ln. Harrison Twp MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	100 ⁰⁰
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-20-04</u> Name: <u>Dolan, Patrick</u> Address: <u>32262 Rushle Ave Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50 ⁰⁰	50 ⁰⁰
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-1-04</u> Name: <u>Ferrier Ray</u> Address: <u>39417 Clearview Ave Harrison Twp MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50 ⁰⁰	50 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		450 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-1-04</u> Name: <u>Hanson Jane</u> Address: <u>34716 Bay Vista Dr. Harrison Twp MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	100 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-29-04</u> Name: <u>Hastie, Patricia</u> Address: <u>26872 Ashland St. Harrison Twp MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50 ⁰⁰	50 ⁰⁰
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-16-04</u> Name: <u>Local #1 PAC MI Education Assoc</u> Address: <u>38550 Garfield Suite B Clinton Twp MI 48038</u> <u>(#002013)</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500 ⁰⁰	500 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-04</u> Name: <u>Smith, Bruce</u> Address: <u>15450 FM 1325 Apt 1133 Austin TX 78728</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		750 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338

2. Committee Name FRIENDS of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-7-04</u></p> <p>Name: <u>Stoll, Markene</u></p> <p>Address: <u>30471 Mause Harrison Twp MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>20⁰⁰</u>	<u>20⁰⁰</u>
<p>3. Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-6-04</u></p> <p>Name: <u>UAW Michigan U-PAC (#</u></p> <p>Address: <u>8000 E. Jefferson Detroit MI 48214</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>2500⁰⁰</u>	<u>2500⁰⁰</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>2520⁰⁰</u>	<u>5190⁰⁰</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name <u>MI DEMOCRATIC ST CENTRAL Comm</u> Address: <u>600 TOWNSEND</u> <u>LAKEVIEW, MI 48933</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>8-23-04</u> 6. Vendor Name & Address: <u>USPS MT CLEMENS</u> <u>155 MAIN ST. MT. CLEMENS MI 48046</u>	<u>\$2146⁵⁸</u>	<u>2146⁵⁸</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

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Grand Total of all Schedules 1-IK
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2146⁵⁸
2146⁵⁸

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/04</u>	<u>2647³⁷</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/04</u>	<u>135⁹⁷</u>
Expenditure #3 Name <u>USPS</u> Address <u>MT. CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/04</u>	<u>365⁰⁰</u>
Expenditure #4 Name <u>USPS</u> Address <u>MT CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/04</u>	<u>120⁰⁰</u>
Expenditure #5 Name <u>USPS</u> Address <u>MT. CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/04</u>	<u>1800⁰⁷</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>5068⁴¹</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>OBSEIDON DESIGN</u> Address <u>HIGHLAND PARK, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHICS LAYOUT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/04</u>	<u>50⁰⁰</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROSSACK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/04</u>	<u>1782⁷⁶</u>
Expenditure #3 Name <u>JAH LION</u> Address <u>BETH</u> <u>MT CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/04</u>	<u>250⁰⁰</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2082⁷⁶</u> <u>751¹⁷</u>

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